



# FIRST PROFESSIONAL RECOMMENDATION FORM

*(Recommendations from friends or family members will not be considered.)*

**RECOMMENDER:** The individual whose name appears on this form is applying for admission to Autry Technology Center's Advanced Medical programs. **This form must be on file before admission can be considered, therefore your prompt completion will be appreciated.** Recommendations will be kept confidential.

Please rate the applicant in the following areas:	Superior Upper 25%	Average Middle 50%	Poor Lower 25%
<b>MOTIVATION:</b> Depth of commitment; determination			
<b>MATURITY:</b> Ability to adapt to life situations; adulthood			
<b>JUDGMENT:</b> Ability to analyze or reach an intelligent conclusion; common sense			
<b>RELIABILITY:</b> Sense of responsibility; promptness; dependability			
<b>RESOURCEFULNESS:</b> Capability to manage or meet situations; originality			
<b>INTERPERSONAL SKILLS:</b> Ability to get along or work with others; cooperation			
<b>COMMUNICATION SKILLS:</b> Ability to speak or clearly express oneself; articulateness			
<b>PERSEVERANCE:</b> Ability to continue; endurance; stamina			
<b>SELF-CONFIDENCE:</b> Certainty of strengths and weaknesses; assuredness			

**PLEASE CHECK ONE OF THE FOLLOWING TO INDICATE YOUR RECOMMENDATION:**

- Recommend without reservation
- Recommend with reservations
- Recommend
- Cannot recommend at this time

**COMMENTS**

How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

*(Recommendations from friends or family members will not be considered.)*

\_\_\_\_\_  
Recommender Name Recommender Employer/Position

\_\_\_\_\_  
Address City State Zip Telephone Number

Signature

Date

**PLEASE MAIL TO:**

**CAREER COUNSELORS**

Autry Technology Center  
1201 W. Willow Road  
Enid, OK 73703  
580.242.2750

**APPLICANT'S NAME:**

## SECOND PROFESSIONAL RECOMMENDATION FORM

*(Recommendations from friends or family members will not be considered.)*

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<b>MATURITY:</b> Ability to adapt to life situations; adulthood			
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<b>INTERPERSONAL SKILLS:</b> Ability to get along or work with others; cooperation			
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<b>SELF-CONFIDENCE:</b> Certainty of strengths and weaknesses; assuredness			

**PLEASE CHECK ONE OF THE FOLLOWING TO INDICATE YOUR RECOMMENDATION:**

- Recommend without reservation       Recommend with reservations  
 Recommend       Cannot recommend at this time

**COMMENTS**

How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

*(Recommendations from friends or family members will not be considered.)*

\_\_\_\_\_  
 Recommender Name Recommender Employer/Position

\_\_\_\_\_  
 Address City State Zip Telephone Number

Signature

Date

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 Autry Technology Center  
 1201 W. Willow Road  
 Enid, OK 73703  
 580.242.2750

**APPLICANT'S NAME:**



## THIRD PROFESSIONAL RECOMMENDATION FORM

*(Recommendations from friends or family members will not be considered.)*

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<b>MOTIVATION:</b> Depth of commitment; determination			
<b>MATURITY:</b> Ability to adapt to life situations; adulthood			
<b>JUDGMENT:</b> Ability to analyze or reach an intelligent conclusion; common sense			
<b>RELIABILITY:</b> Sense of responsibility; promptness; dependability			
<b>RESOURCEFULNESS:</b> Capability to manage or meet situations; originality			
<b>INTERPERSONAL SKILLS:</b> Ability to get along or work with others; cooperation			
<b>COMMUNICATION SKILLS:</b> Ability to speak or clearly express oneself; articulateness			
<b>PERSEVERANCE:</b> Ability to continue; endurance; stamina			
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**PLEASE CHECK ONE OF THE FOLLOWING TO INDICATE YOUR RECOMMENDATION:**

- Recommend without reservation       Recommend with reservations  
 Recommend       Cannot recommend at this time

**COMMENTS**

How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

*(Recommendations from friends or family members will not be considered.)*

Recommender Name \_\_\_\_\_ Recommender Employer/Position \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone Number \_\_\_\_\_

Signature

Date

**PLEASE MAIL TO: CAREER COUNSELORS**  
Autry Technology Center  
1201 W. Willow Road  
Enid, OK 73703  
580.242.2750

**APPLICANT'S NAME:**